ARIZONA STATE BOARD OF HEALTH State File No BUREAU OF VITAL STATISTICS Registered No 1. PLACE OF BIRTH STANDARD CERTIFICATE OF BIRTH District or Township Ward (If bigth occurred in a hospital or institution, give its NAME instead of street and number) If child is not yet named, make supplemental report, as directed. 2. Full name of child 6. Legitimate? 4. Twin, triplet or other. To be answered ONLY 7. Date of birth in event of plural Mo 5. No., in order of birth MOTHER FATHER Full maiden name Full name Miami 15. Residence 9. Residence (Usual place of abode) (Usual place of abode) If non-resident, give place and state. If non-resident, give place and state. 16. Color or race 10. Color or race 17. Age at last birthday. 11. Age at last birthday. 18. Birthplace (city or place) 12. Birthplace (city or place) (State or country) (State or country) 19. Occupation 13. Occupation Nature of industry Nature of industry Were precautions taken against oph-(a) Born alive and now living. 20. Number of children of this mother thalmin neonatorum. (b) Born alive but now dead (Taken as of time of birth of child herein certified and including this child). (c) Stillborn. CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE I hereby certify that I attended the birth of this child, who was (Bosn alive or stilleorn) * When there was no attending physician Signature A. or midwife, then the father, householder, etc. should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. (Physician or midwife). Given name added from a supplemental report. Month, day, year

Registrar.

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Registrar.